

EXHIBIT C - BIDDER CERTIFICATION AND ASSURANCES

Under the penalties of perjury of the State of Washington, we make the following certifications and assurances as a required element of our Proposal for RFQQ. We affirm the truthfulness of these facts and acknowledge our current and continued compliance with these certifications and assurances as part of our Proposal and any resulting contract award with DSHS.

1. We declare that all answers and statements made in the Proposal are true and correct.
2. We certify that the prices and/or cost data contained in our proposal: (a) have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition, and (b) have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before contract award, except to the extent that we have joined with other individuals or organizations for the purpose of preparing and submitting a joint proposal or unless otherwise required by law.
3. Our Proposal is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.
4. We have not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this procurement and who assisted in other than his or her official, public capacity.

If there are any exceptions to these assurances or we have been assisted, we will identify on a separate page attached to this document each individual by: (a) name, (b) current address and telephone number, (c) current or former position with DSHS, (d) dates of employment with DSHS, and (e) detailed description of the assistance provided by that individual.

5. We acknowledge that DSHS will not reimburse us for any costs incurred in the preparation of our Proposal. All Proposals become the property of DSHS and we claim no proprietary right to the ideas, writings, items or samples.
6. We acknowledge that any resulting contract awards will incorporate Special Terms and Conditions, Statement of Work, and General Terms and Conditions substantially similar to the sample contract attached to the procurement document.
7. We will comply with these or substantially similar Special Terms and Conditions, Statement of Work, and General Terms and Conditions if awarded a contract, and will negotiate in good faith any changes or modifications.
8. We acknowledge that if awarded a contract with DSHS, we are required to comply with all applicable state and federal civil rights and other laws. Failure to comply may result in contract termination. We agree to submit additional information about our nondiscrimination policies, at any time, if requested by DSHS

9. We certify that we have a current Washington Business License, and agree to promptly provide a copy of the license if we are awarded a contract.
10. We made no attempt, nor will make any attempt, to induce any other person or firm to submit, or not submit, a proposal for the purpose of restricting competition.
11. We acknowledge and authorize DSHS to conduct a financial Business Assessment and/or background check of our organization if DSHS considers such action necessary or advisable.
12. We acknowledge our obligation to notify DSHS of any changes in the certifications and assurances above.

Signature

Title

Organization Name

Date

CONTRACTOR BIDDER FORM

INTERPRETER REFERRAL AGENCY BID

BIDDING

FIRST TIME/NEW BID	<input type="checkbox"/> YES <input type="checkbox"/> NO
RENEW CONTRACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE OF INFORMATION*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Change of information listed on this form must be reported by awarded contractors through submitting a new bidding form to ODHH within ten days of the change.

AGENCY INFORMATION

Interpreter Referral Agency's Name		Federal Identification #	
Mailing Address		Established (MM-DD-YYYY)	
Mailing City, State and Zip Code		County	
Physical Address (if not same as Mailing Address)			
Physical City, State and Zip Code (if not same as Mailing Address)		County	
1 st Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY		
2 nd Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY		
3 rd Telephone # () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY		
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager		
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager		
Website Address:			

AGENCY CONTACT INFORMATION

OWNER OR EXECUTIVE DIRECTOR: Name (If more than one owner, attach documentation)	
1 st Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY
2 nd Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY
3 rd Telephone # () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax Voice/TTY
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager

MANAGER/ADMINISTRATOR: Name(s) and Title

1 st Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
2 nd Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
3 rd Telephone # () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager
SCHEDULING: Name(s) and Title	
1 st Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
2 nd Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
3 rd Telephone # () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager

BILLING: Name(s) and Title	
1 st Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
2 nd Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
3 rd Telephone # () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager

AVAILABILITY

The interpreter referral agency is available as follows: (Check all that apply):

<input type="checkbox"/> Days; 8 am – 5 pm; Monday – Friday	<input type="checkbox"/> 24/7; 24 hours / 7 days every week
<input type="checkbox"/> Nights; 5 pm – 12 am; Monday – Friday	<input type="checkbox"/> Emergencies; 1 hour notice/confirmation
<input type="checkbox"/> Weekends; 12 am Sat – 8 am Monday	<input type="checkbox"/> Holidays

If providing Nights, Weekends, 24/7, Emergency interpreter services, provide contact information:

Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	

INTERPRETER POOL

How many employees does the agency have?

Employment Status	Total number (#) of employees?	Of the total, how many are staff Interpreters?
Full-time	#	#
Part-time	#	#

How many freelance certified sign language interpreters does the agency contract with?

NAD	#	RID	#	NIC	#
Level V		SC:L, MCSC		NIC Master	

				Interpreter	
Level IV		CSC, CI and CT, RSC, CDI, CLIP-R		NIC Advanced Interpreter	
Level III		IC, TC, IC/TC, CI, CT, OIC:C, OTC		NIC Certified Interpreter	
Total NAD		Total RID		Total NIC	

How many freelance non-certified sign language interpreters does the agency contract with?
 Qualified Deaf Interpreter(s) (QDI): # _____ Other non-certified interpreter(s): # _____

Total Number of employed and freelance sign language interpreters: # _____

Note: All employed and freelance sign language interpreters must be registered and approved by ODHH before providing sign language interpreting services under the DSHS contract.

To identify current capacity to provide immediate interpreting services in each county, please list total number of employed or contracted interpreters who must be residing in each county on a county-by-county basis. Under Region, please list the total of interpreters residing in that region.

Region 1 Total #: _____	Adams _____ Chelan _____ Douglas _____ Ferry _____ Grant _____	Lincoln _____ Okanogan _____ Pend _____ Oreille _____ Spokane _____ Whitman _____	Region 2 Total #: _____	Asotin _____ Benton _____ Columbia _____ Franklin _____	Garfield _____ Kittitas _____ Walla Walla _____ Yakima _____
Region 3 Total #: _____	Island _____ San Juan _____ Skagit _____	Snohomish _____ Whatcom _____	Region 4 Total #: _____	King _____	
Region 5 Total #: _____	Kitsap _____ Pierce _____		Region 6 Total #: _____	Clallam _____ Clark _____ Cowlitz _____ Grays _____ Harbor _____ Jefferson _____ Klickitat _____ Lewis _____	Mason _____ Pacific _____ Skamania _____ Thurston _____ Wahkiakum _____

BIDDING BY REGION(S) / COUNTY(IES)

If bidding on entire regions, indicate below by marking the space indicated for the entire Region;
 If not bidding on entire regions, indicate which county(ies) within region(s) you are bidding on
 below by marking the space indicated for individual county(ies); for all bid regions must have an
 interpreter residing in that region.

Region 1 Total #: _____	Adams _____ Chelan _____ Douglas _____ Ferry _____ Grant _____	Lincoln _____ Okanogan _____ Pend _____ Oreille _____ Spokane _____ Whitman _____	Region 2 Total #: _____	Asotin _____ Benton _____ Columbia _____ Franklin _____	Garfield _____ Kittitas _____ Walla Walla _____ Yakima _____
Region 3 Total #: _____	Island _____ San Juan _____ Skagit _____	Snohomish _____ Whatcom _____	Region 4 Total #: _____	King _____	

3	San Juan _____ _____ Skagit _____	Whatcom _____ _____
Region 5	Kitsap _____ Pierce _____ _____ _____	Region 6 Clallam _____ Mason _____ Clark _____ Pacific _____ Cowlitz _____ Skamania _____ Grays _____ Thurston _____ Harbor _____ Wahkiakum _____ Jefferson _____ _____ Klickitat _____ Lewis _____

MINORITY WOMEN BUSINESS ENTERPRISE – OPTIONAL

- Purchasing goals from MWBE firms for sign language interpreter services have been established.
- Are you a MWBE Bidder? ☐ YES ☐ NO If Yes, certification # _____ and attach a proof of certification copy. To obtain MWBE certification, contact OMWBE at (360) 753-9693.

MINIMUM QUALIFICATIONS

- For interpreter referral agencies to be eligible to bid on this contract, Bidders must:
- Have a minimum of one certified interpreter employed or subcontracted; ☐ YES ☐ NO
- Be able to provide sign language interpreter services with competent and proficient interpreter(s) for each appointment; ☐ YES ☐ NO
- Have the ability to appropriately match the communications needs of the customer with the interpreting skills and the appointment situation/setting; ☐ YES ☐ NO
- Be licensed to do business in the State of Washington; ☐ YES ☐ NO
- Be able to serve the entire county(ies)/region(s) that is/are bid; ☐ YES ☐ NO
- Have the ability to communicate as requested with DSHS via telephone, email, facsimile, and/or pager, and if indicated, communicate during nights, weekends, holidays, and emergencies; ☐ YES ☐ NO
- Have the ability to provide advance confirmation of interpreters being assigned to appointments; ☐ YES ☐ NO
- Have the ability to immediately notify the requester if: unable to fill an appointment; the assigned interpreter is going to be late; or cannot find a replacement for an interpreter cancellation; ☐ YES ☐ NO
- Be willing to obtain the required amounts of insurance, after contract award, as outlined in this RFQQ;
- ☐ YES ☐ NO
- Be willing to obtain and maintain a copy of each interpreter's Background Authorization form; ☐ YES ☐ NO
- Maintain documentation regarding the certification level of each person representing their agency who may provide sign language interpreter services under this contract; ☐ YES ☐ NO
- Be willing to ensure that each person representing their agency who may provide sign language interpreter services under this contract is registered and approved with ODHH. The interpreter referral agency is responsible for verification of completeness of registration and for assuring interpreters have read and understand all parts of the form; ☐ YES ☐ NO
- Be willing to require each interpreter to sign and date an ODHH registration form verifying all statements have been read, understood, and agreed to; ☐ YES ☐ NO
- Maintain and make available to ODHH a list of names and the certification level of each person representing their agency who may provide sign language interpreter services under this contract; ☐ YES ☐ NO
- Be willing to ensure that each person representing their agency who may provide sign language interpreter services under this contract is aware of and adheres to the NAD-RID Code of Professional Conduct and the DSHS Code of Professional Conduct; ☐ YES ☐ NO
- Attend mandatory orientation; ☐ YES ☐ NO
- Be willing to conduct an orientation to each person representing their agency within the first thirty days of the interpreter providing services under this contract. Orientation must include, but is not limited to the following:
- An overview of the Statement of Work including the billing process and how to complete the "Request for Sign Language Interpreter," "Sign Language Interpreter Registration," "Background Authorization," and the "Identification Verification" forms; ☐ YES ☐ NO
- Be willing to ensure compliance with the Sign Language Interpreter requirements section in the Statement of Work; ☐ YES ☐ NO

- Comply with all other specific requirements covered under this contract (General & Special Terms and Conditions and the Statement of Work; ☐ YES ☐ NO

This section includes specific requirements for HEALTH AND RECOVERY SERVICES ADMINISTRATION (HRSA) Medicaid appointments:

- Be willing to obtain a Provider Number. Necessary form will be provided at Orientation; ☐ YES ☐ NO Coordinate the appointment dates and times with the client as agreed to by the medical provider(s) and DSHS client; ☐ YES ☐ NO
- Be willing to follow HRSA's required procedures for calculating billing units; ☐ YES ☐ NO
- Be willing to indicate a Performing Provider Number (PPN) for each interpreter on the "Request for Sign Language Interpreter" form. A PPN will be assigned to the interpreter prior to payment by HRSA for services provided by the interpreter; ☐ YES ☐ NO

If your agency does not meet the above minimum qualification requirements, as stated herein, your bid will be rejected as non-responsive.

AGREEMENT

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- ☐ I certify that the information which has been provided is true to the best of my knowledge.
- ☐ I have read / understand the current NAD-RID Code of Professional Conduct and agree to abide by it.
- ☐ I have read / understand the DSHS Code of Professional Conduct and agree to abide by it.
- ☐ I understand information will be on the DSHS website and Directory of Interpreters.
- ☐ I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment".

I understand that if any of the information provided above is found to be false, I may be prohibited from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

Signature of Owner/Executive Director	Date (mm/dd/yyyy)
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Contractor Intake Instructions

All New DSHS Contractors must:

- Complete, sign and submit this form before a DSHS contract can be created.
- Complete and return a Request of Taxpayer Identification Number and Certification (W-9) before any payment for services will be made. A W-9 form is available at <http://www.ofm.wa.gov/accounting/vendors/w9.doc>

All Existing DSHS Contractors who have changed their business name/business organization, or experienced other significant changes, must complete, sign, and submit this form.

Section One: Contractor Name/Business Organization

1. Contractor name.

- For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
- Other entities. Enter your business name as shown on the legal document creating the entity.

2. Business Organization. Please mark only one.

- If you are a nonresident alien foreign person or foreign entity, the IRS may require you to complete Form W-8.
- If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation attach a copy of your 501(c)(3) status.

3. Taxpayer Identification Number (TIN).

- Individual or Sole Proprietor - If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employee Identification Number (EIN).
- Other Business Entities - Enter the entity's Employee Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
- Resident alien. - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

4. Default Reported, Fiscal Year, UBI Number, and Business License

- List any contracts that you have had with the state that have been terminated for default.
- Provide your fiscal year end date.
- Provide your Washington State Uniform Business Identifier (UBI) Number.
- Attach a copy of your State Master Business License. You may be exempt from registering with the State of Washington if:
 1. Your annual gross income from activities in Washington State is less than \$12,000;
 2. Your business is not required to collect or pay sales tax or use tax; and
 3. Your business is not required to obtain a license or registration from another Washington State agency.

Section Two: Contractor Primary Address Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that apply to your organization. If you have a certification number, please provide that also.

Section Four: Contractor Contact Person(s) Enter the primary contact information for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five: Additional Information

1. **Contractor Additional Addresses.** If applicable, provide additional addresses used for DSHS Contracts.
2. **Contractor Additional Staff.** If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.

Section Six: Contractor Certification You must sign, date, and return this form before DSHS will issue a contract.

Contractor Intake

Section One: Contractor Name/Business Organization		(DSHS staff enter on ACD Intake Detail screen)	
1. CONTRACTOR NAME		DBA OR FACILITY NAME	
2. BUSINESS ORGANIZATION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c)(3) status) <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation <input type="checkbox"/> Faith Based (FBO) Unincorporated <input type="checkbox"/> Governmental Entity </div> <div style="width: 48%;"> <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor <input type="checkbox"/> Limited Liability Company, filing as a Corporation <input type="checkbox"/> Limited Liability Company, filing as a Partnership <input type="checkbox"/> Foreign Person or Entity </div> </div> <p style="text-align: center; margin-top: 10px;">If your business is NOT a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.</p>			
3. TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in the appropriate box. <ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. 		Social Security Number OR Employer Identification Number	<div style="border-bottom: 1px solid black; width: 100%;"></div> (Enter all 9 numbers, NO DASHES) <div style="border-bottom: 1px solid black; width: 100%;"></div> (Enter all 9 numbers, NO DASHES)
4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, AND BUSINESS LICENSE <p style="margin-top: 10px;">Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated.</p> <p style="margin-top: 10px;">Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____</p> <p style="margin-top: 10px;">What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES)</p> <p style="margin-top: 10px;">Attach a copy of your current Washington State Master Business License.</p> <p style="margin-top: 10px;">If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)</p>			
Section Two: Contractor Primary Address		(DSHS staff enter on ACD Intake Detail screen)	
CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		ADDRESS DESCRIPTION	
CITY, STATE, AND ZIP CODE			
EMAIL ADDRESS	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)		
PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()		

Section Three: Contractor Ownership Type**(DSHS staff enter on ACD Intake Detail screen)**

Do any of the following descriptions apply to your business? If so, please check those that apply.

Disadvantaged Business Enterprise
Woman Owned Business Enterprise
Minority Owned Business Enterprise
Community Based Organization

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IF CERTIFIED, ENTER OMWBE CERTIFICATION NUMBER

Section Four: Contractor Primary Contact Person**(DSHS staff enter on ACD Intake Detail screen)**

Primary contact person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)Is the primary contact person a current or former State Employee? ☐ Yes ☐ NoIf yes, complete Ethics Certification enclosed with this form.Is the primary contact person authorized to sign contracts? ☐ Yes ☐ No

PRIMARY CONTACT NAME

PHONE NUMBER (INCLUDE AREA CODE)

()

FAX NUMBER (INCLUDE AREA CODE)

PRIMARY CONTACT EMAIL ADDRESS

()

PAGER NUMBER (INCLUDE AREA CODE)

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)

()

()

Section Five: Additional Information**(DSHS staff enter on Intake Detail – Sub Information Summary screens)**1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	ADDRESS DESCRIPTION
<input type="checkbox"/> Billing address		
<input type="checkbox"/> Facility address		
<input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE	

PHONE NUMBER (INCLUDE AREA CODE)

COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)

()

FAX NUMBER (INCLUDE AREA CODE)

EMAIL ADDRESS

()

	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	ADDRESS DESCRIPTION
<input type="checkbox"/> Billing address		
<input type="checkbox"/> Facility address		
<input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE	

PHONE NUMBER (INCLUDE AREA CODE)

COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)

()

FAX NUMBER (INCLUDE AREA CODE)

EMAIL ADDRESS

()

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR DSHS CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

- ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff a current or former State Employee? ☐ Yes ☐ No

If yes, complete Ethics Certification enclosed with this form.

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME

PHONE NUMBER (INCLUDE AREA CODE)
()

FAX NUMBER (INCLUDE AREA CODE)
()

ADDITIONAL STAFF EMAIL ADDRESS

PAGER NUMBER (INCLUDE AREA CODE)
()

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)
()

Additional staff person is a(n):

- ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff a current or former State Employee? ☐ Yes ☐ No

If yes, complete Ethics Certification enclosed with this form.

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME

PHONE NUMBER (INCLUDE AREA CODE)
()

FAX NUMBER (INCLUDE AREA CODE)
()

ADDITIONAL STAFF EMAIL ADDRESS

PAGER NUMBER (INCLUDE AREA CODE)
()

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)
()

Section Six: Contractor Certification (DSHS staff enter on ACD Intake Detail as Intake Form Date)

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

SIGNATURE

DATE

PRINTED NAME

TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- ☐ Copy of your W-9 - Request of Taxpayer Identification Number and Certification
☐ Copy of statement showing non-profit 501(c)(3) status (if applicable)
☐ List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
☐ Copy of your Washington State Master Business License
☐ List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
☐ Ethics Certification (if applicable)
☐ List of Additional Addresses (if applicable)
☐ List of Additional Staff (if applicable)
☐ Copy of your Certificate of Insurance

EXHIBIT G – CONTRACTOR BIDDER FORM –PRICING SHEET
Contractor Bidder Form – Pricing Sheet

NAME OF INDIVIDUAL OR AGENCY _____ DATE (mm/dd/yy): _____

HOURLY RATES:

I/we propose to offer Sign Language Interpreter Services under this contract at the following rate(s)*:

National Association of the Deaf (NAD)	Registry of Interpreter fit Deaf (RID)	National Interpreter Certification (NIC)	Non- Certified	Maximum Hourly Rate**	Interpreter Rates ***
Level V	SC:L, MCSC	NIC Master Interpreter	N/A	\$55/hr	\$ ____/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$58/hr	\$ ____/hr
Level IV	CSC, CI and CT, RSC, CDI, CLIP-R	NIC Advanced Interpreter	QDI	\$50/hr	\$ ____/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$53/hr	\$ ____/hr
Level III	IC, TC, IC/TC, CI, CT, OIC:C, OTC	NIC Certified Interpreter	N/A	\$40/hr	\$ ____/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$43/hr	\$ ____/hr
N/A	N/A	N/A	Non- Certified DeafBlind Rate	\$25/hr	\$ ____/hr
				\$28/hr	\$ ____/hr

CONTRACTOR SERVICE FEE

I/we propose to charge the following administrative fee per billable appointment per interpreter under this contract at the following rate, not to exceed \$30**:

\$ _____ per billable appointment per interpreter

For emergency appointments, a \$5 additional charge per hour will be added to the interpreter's hourly rate.

* DSHS will not award contracts to Bidders with exceeding the maximum rate limit.

** Bids must be rounded to a whole dollar figure. If DSHS receives a bid that is not rounded, DSHS will automatically round to the nearest dollar.

*** If contractor sub-contracts with freelance interpreters, rates paid to these interpreters must be on the price sheet. All bids with interpreter rates should be marked as proprietary.

EXHIBIT L - CONTRACTOR BIDDER FORM – INTERPRETER POOL ROSTER
INTERPRETER POOL ROSTER

Fiscal Year 08: July 1, 2007 – June 30, 2008

Interpreter Referral Agency: _____
Quarterly: for the months of _____ **through** _____

	Interpreter Name	Certification	DSHS Region	County of Residence
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